

ACKNOWLEDGEMENT OF NOTIFICATION

OF HAZARDOUS WASTE ACTIVITY

04/29/91

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NYD986943512

FACILITY NAME ->

NYS DEPT OF PK & REC - CAMP HERO

MAILING ADDRESS ->

HITHER HILLS STATE PK MONTAUK, NY 11954

INSTALLATION ADDRESS ->

MONTAUK HWY MONTAUK POINT, NY 11954

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II 26 FEDERAL PLAZA NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: LARSEN GEORGE PARK MGR
NYS DEPT OF PK & REC - CAMP HERO
HITHER HILLS STATE PK
MONTAUK, NY 11954

to got the second

.

*

WOOL,

21 Abrah 15 Ki

a garage

WD

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Regulated

Form Approved. OMB No. 2050-0028. Expires 10-31-91 GSA No. 0246-EPA-OT Date Received (For Official Use Only)

CTION United States Environmental Protection Agency 1. Installation's EPA ID Number (Mark 'X' in the appropriate box) **B.** Subsequent Notification A. First Notification X (complete item C) II. Name of Installation (include company and specific site name) P III. Location of Installation (Physical address not P.O. Box or Route Number) 0 NIT Street (continued) State ZIP Code City or Town N 0 County Name IV. Installation Mailing Address (See Instructions) Sirest or P.O. Box ITH ER State City or Town ZiP Code ONT UK 1 9 V. Installation Contact (Person to be contacted regarding waste activities at site) Name (last) Job Title Phone Number (area code and number) VI. Installation Contact Address (See Instructions) Contag Address B. Street or P.O. Box City or Town State ZIP Code VII. Ownership (See Instructions). A. Name of installation's Legal Owner ECREATIO S R Street, P.O. Box, or Foure Number 0 X City or Town State ZIP Code N 0 0 C. Owner Type S

6

6

S

7

Note: Mall completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)